

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/	↓	↓	↓	↓	↓
TOTAL DEP.	5	↓	↓	↓	↓	↓
TOTAL CLAIMS	C	↓	↓	↓	↓	↓

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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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